

CASE NO. (court use only) _____

PLAINTIFF _____

In the Justice Court

VS.

Precinct Two

DEFENDANT(S): _____

Defendant(s) address: _____

Wise County, Texas

PETITION: DEBT CLAIM CASE

I hereby state that I am filing a Debt Claim: A claim for the recovery of a debt, brought by an assignee of a claim, a debt collector or collection agency, a financial institution, or a person or entity primarily engaged in the business of lending money at interest.

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:

RELIEF: Plaintiff seeks damages in the amount of \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ Account Number (may be masked): _____

Date of Issue/Origination: _____ Date of Charge-Off/Breach: _____ Amount Owed \$_____ as of _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Date/Amount of Original Loan: _____, \$_____ Repayment Accelerated? ____ Date Final Payment Due: _____

Amount Due on Final Payment Date \$_____ Amount Due \$_____ as of _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at ____%. \$_____ of interest was due as of _____.

ASSIGNMENT OF CLAIM: Plaintiff was, or was not assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____, and the date the case was assigned/transferred to plaintiff was _____.

you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

Address of Plaintiff's Attorney, if any, or Plaintiff if none

DATE OF BIRTH: _____

City

State

Zip

DEFENDANT'S PHONE NUMBER: _____

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none